

McLEAN COUNTY CHANGE OF ADDRESS FORM

Return completed form to:
Supervisor of Assessments
PO Box 2400
Bloomington, IL 61702-2400

1. Property Identification Number: _____
PARCEL NUMBER

And/or
Legal Description (Please include subdivision name and lot number): _____

Property Address: _____

2. Name currently listed on
tax records: _____

THE FOLLOWING MUST BE COMPLETED:

Tax bill should be mailed to: ____ property owner ____ loan company

3. Name of loan company _____
Address: Street _____
City, Zip _____
Loan number _____

4. Requested Change of Property Owner (Please Print)

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LAST NAME

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FIRST NAME AND INITIAL

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ADDRESS

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CITY AND STATE

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ZIP CODE

(____ - ____ - ____ - ____ - ____ - ____)
PHONE NUMBER (for verification):

5. According to Illinois law only these classifications of persons are permitted to make name/address changes.

- ☐ Property Owner (not contract purchaser)
- ☐ Trustee
- ☐ Power of Attorney from owner or trustee

6. _____
Authorized written signature

7. _____
Authorized printed signature Date